



**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
U.S. COURTHOUSE
312 NORTH SPRING STREET
LOS ANGELES, CALIFORNIA 90012-4797
TEL: 213-894-8520
FAX: 213-894-8522**

**LAWYER REPRESENTATIVE REQUEST
FOR REIMBURSEMENT OF
TRAVEL EXPENSES**

Name of Lawyer Representative: (Include address, phone and fax numbers and social security or tax identification number)

Total Requested for Reimbursement: (Set forth the nature and amount of each expenditure supported by actual receipts or copies thereof. Include the signed Request and Authority to Incur Travel Expenses)¹

Signature of Lawyer Representative

Date

APPROVED FOR PAYMENT with funds from the California Central District's Attorney Admissions Fund as provided for in the United States District Court Central District of California Policy for Reimbursement of Travel Expenses Incurred by Lawyer Representatives From Government Agencies, Non-Profit Organizations, Small Firms and Solo Practices.

Amount Approved: \$_____

CJA Supervising Attorney

Date

¹ If extra space is needed, attach additional sheets of paper.

